



EXAMPLE: John R. (Jack) Doe

## TOWN OFFICE DECLARATION OF CANDIDACY BY A DEMOCRATIC, LIBERTARIAN, OR REPUBLICAN PARTY CANDIDATE WHEN NO TOWN PRIMARY IS CONDUCTED IN 2023

MAR 2 9 (CAN-16)

DEBBIE STEWART Clerk Howard Cir. Court

State Form 46422 (R24 / 8-22) Indiana Election Division (IC 3-8-5-10.5)

INSTRUCTIONS: This form must be filed with the circuit court clerk of the county in which most of the town's population is located not earlier than January 4, 2023 and not later than NOON, August 1, 2023 before an election. This form is to be used by a Democratic Party, Libertarian Party, or Republican Party candidate for a town office in a town that has a population of less than 3,500 in which no town primary will be conducted. A candidate of any other political party (or an independent candidate) must use the CAN-45 and CAN-44 forms in 2023. A write-in candidate for town office must use the CAN-51 form in 2023.

| GENERAL INFORMATION    GENERAL INFORMATION   Country of Candidate    |  |  |  |  |  |
|--|--|--|--|--|--|
| The most recent primary election in Indiana in which I voted was the primary held by the party with which I claim affiliation above.    The most recent primary election in Indiana in which I voted was the primary held by the party with which I claim affiliation above.    The county chairman of the county in which I reside, and of the political party with which I claim affiliation at a candidate for the nomination to the office of CLEK-Treasurer. District (if any) in the Town of Residence address is:    Residence   Residence address is:   Residence   Residence address is:   Residence   Residence address is:   Residence   Residence address is:   Residence   Residence address is:   Residence   Residence address is:   Residence   Residence address is:   Residence   Residence address is:   Residence   Residence address is:   Residence   Residence address is:   Residence   Residence address is:   Residence   Residence address is:   Residence   Residence address is:   Residence   Residence address is:   Residence   Residence address is:   Residence      |  |  |  |  |  |
| (or of Ward, if applicable,  |  |  |  |  |  |
| State of Indiana.  (2) I am a member of the (check one)    Democratic Party    Libertarian Party OR    Republican Party, I am claiming affiliation with the Democratic or Republican Party. I understand that my party affiliation is determined by which party I voted for in the last primary elections in Indiana in which I voted. I understand that if I cannot meet this party affiliation requirement I must obtain and file with this declaration a certificate from the appropriate county chairman of the party indicating that I am a member of this political party. I meet the requirement to be affiliated with the political party indicated because (check one):  The most recent primary election in Indiana in which I voted was the primary held by the party with which I claim affiliation above.  The county chairman of the county in which I reside, and of the political party with which I claim affiliation above, has certified that I am a member of the political party. (I have attached a copy of the county chairman's certification to this form.)  (4) I am a candidate for the nomination to the office of   |  |  |  |  |  |
| (3) (Skip paragraph 3 if a Libertarian Party candidate.) If I am a candidate of the Democratic or Republican Party, I am claiming affiliation with the Democratic or Republican Party. I understand that my party affiliation is determined by which party I voted for in the last primary elections in Indiana in which I voted. I understand that if I cannot meet this party affiliation requirement I must obtain and file with this declaration a certificate from the appropriate county chairman of the party indicating that I am a member of this political party. I meet the requirement to be affiliated with the political party indicated because (check one):  The most recent primary election in Indiana in which I voted was the primary held by the party with which I claim affiliation above.  The county chairman of the county in which I reside, and of the political party with which I claim affiliation above.  The county chairman of the political party. (I have attached a copy of the county chairman's certification to this form.)  (4) I am a candidate for the nomination to the office of Clerk-Treasurer, District (if any) in the Town of Russiani III requirements under the laws of the State of Indiana to be a candidate for this office (including any applicable residency requirement), and I am not ineligible to be a candidate due to a criminal conviction that would prohibit me from serving in this office.  RESIDENCY INFORMATION  (6) My complete residence address is:  |  |  |  |  |  |
| affiliation with the Democratic or Republican Party. I understand that my party affiliation is determined by which party I voted for in the last primary elections in Indiana in which I voted. I understand that if I cannot meet this party affiliation requirement I must obtain and file with this declaration a certificate from the appropriate county chairman of the party indicating that I am a member of this political party. I meet the requirement to be affiliated with the political party indicated because (check one):  The most recent primary election in Indiana in which I voted was the primary held by the party with which I claim affiliation above.  The county chairman of the county in which I reside, and of the political party with which I claim affiliation above, has certified that I am a member of the political party. (I have attached a copy of the county chairman's certification to this form.)  The county chairman of the county in which I reside, and of the political party with which I claim affiliation above, has certified that I am a member of the political party. (I have attached a copy of the county chairman's certification to this form.)  The county chairman of the county in which I reside, and of the political party with which I claim affiliation above, has certified that I am a candidate for the nomination to the office of CLECK-TCLASUSEY., District (if any) in the Town of CLECK-TCLASUSEY.  The most recent primary election in Indiana in which I voted was the primary held by the party with which I claim affiliation above, has certified that I am a member of the political party with which I claim affiliation above, has certified that I am a member of the political party with which I claim affiliation above, has certified that I am a member of the politi |  |  |  |  |  |
| above.  The county chairman of the county in which I reside, and of the political party with which I claim affiliation above, has certified that I am a member of the political party. (I have attached a copy of the county chairman's certification to this form.)  (4) I am a candidate for the nomination to the office of   |  |  |  |  |  |
| that I am a member of the political party. (I have attached a copy of the county chairman's certification to this form.)  (4) I am a candidate for the nomination to the office of   |  |  |  |  |  |
| in the Town of   |  |  |  |  |  |
| (5) I comply with all requirements under the laws of the State of Indiana to be a candidate for this office (including any applicable residency requirement), and I am not ineligible to be a candidate due to a criminal conviction that would prohibit me from serving in this office.  RESIDENCY INFORMATION  (6) My complete residence address is:  ALG 4 5. Liberty St.  RUSSICATILL IN (amend if other state)  |  |  |  |  |  |
| (6) My complete residence address is:  26 45. Liberty St.  Russiaville IN (amend if other state) 46979   |  |  |  |  |  |
| 2645. Liberty St. Russiaville IN (amend if other state) 46979  |  |  |  |  |  |
| Complete residence address must be included City ZIP Code  |  |  |  |  |  |
| (7) My mailing address is:  Write address if mailing address is different from residence address; write "SAME" if both addresses are identical   |  |  |  |  |  |
| "SAME"  Mailing address IN (amend if other state)  ZIP Code  |  |  |  |  |  |
| CANDIDATE NAME INFORMATION   |  |  |  |  |  |
| I request that my name appear on the primary election ballot in the following manner:  |  |  |  |  |  |
| Megan M. Reel  |  |  |  |  |  |
| (Include any Nickname and/or Suffix, such as Jr., Sr., II, III, IV)  |  |  |  |  |  |
| I also request that my name on my voter registration record be the same as the name on this declaration of candidacy. (IC 3-8-2-7(c))  The candidate's name must comply with the requirements in Indiana Code 3-5-7. If a candidate's name does not comply with this state law, the declaration may be challenged under  |  |  |  |  |  |

A candidate may not use a title or degree as a designation or a designation that implies a title or degree. Nicknames are required to be printed on the ballot using parentheses.

| • 📆  | CANDIDATE CERTIFICATION   |  |
|--|---|--|
|  | have attached a copy of the applicable statement of econon estatement, or a receipt or photocopy of a receipt showing the   |  |
| (9) By initialing, I acknowledge that  | I might be required to file a surety bond before serving in offi  | ice. (initial here)  |
| 10) By initialing, I acknowledge that (initial here)   | I might be required to complete training or have attained cert  | tification related to service in office.   |
|  | l am aware of the provisions of IC 3-9 regarding campaign fiditures and agree to comply with the provision of IC 3-9. <i>(init</i>  |  |
| 12) I have been a candidate for stat (check one) X Yes \( \square\) No If t  | te, state legislative, or local office in a previous primary, munic<br>the answer to this question is no, skip paragraph 13 and proc  | cipal, special, or general election:<br>eed to paragraph 14.   |
| (13) I have filed all reports required b   | by IC 3-9-5-10 for all previous candidacies: (check one) 🕱 Y  | ∕es □ No   |
| receives compensation of at lea<br>but the candidate raises or sper<br>candidate's committee with the  | a candidate for a local office, including judicial offices and pro<br>ast \$5,000 per year, or to a local office if the local office receinds more than \$500.) I have filed a campaign finance statement<br>appropriate county election board OR I am aware that I may on not later than noon, seven (7) days after the final date to fi | ives compensation of less than \$5,000 ent of organization for my principal be required to file the campaign |
|  | ne information in this Declaration of Candidacy is tro<br>and that I meet the specific requirements of this off   |  |
| Micram M. Re   | <u>03,29, 2023(745)</u> Date Signed (MM/DD/YYYY) Telephone (Day)  | 8-8125 (765) 438-8125  |
| Signature 0  | Date Signed (MM/DD/YYYY) Telephone (Day)  | Telephone (Evening)  |
| OPTIONAL INFORMATION:  |   |  |
| Candidate's email:   | Campaign website:   |  |
| COUNTY OF Subscribed and sworn to before me this a   |   | SEAFILED   |
| lotary Public or Other Official Administeringly  Official Administerin | ring Oath according to IC 33-42-9-7/19<br>Notary Public): 12-31-2020  | MAR 2 9 2023  DEBBIE STEWART   |
|  |   | Clerk Howard Cir. Cou  |
|  |   | —  |

## **CAMPAIGN FINANCE NOTICE**

If required to open a candidate's committee pursuant to Indiana's Campaign Finance Act, a candidate's committee must file a pre-election campaign finance report no later than NOON (prevailing local time), October 20, 2023, with the appropriate county election board.

The candidate's committee must also file a pre-election supplemental report no later than forty-eight (48) hours after the committee receives contributions from a person that total \$1,000 or more during the period beginning October 14, 2023 and ending at 6 a.m. (prevailing local time) on November 5, 2023, with the appropriate county election board. If no such contribution is received, the candidate's committee is not required to file a supplemental report.

A person who fails to file a report with the county election board is subject to a civil penalty of \$50 for each calendar day the report is late, with the afternoon of the final date for filing the report being calculated as the first day, for a maximum penalty of not more than \$1,000, plus any investigative costs incurred and documented by the county election board.



## STATEMENT OF ECONOMIC INTERESTS FOR LOCAL AND SCHOOL BOARD OFFICES

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State Form 55128 (R / 8-19) Indiana Election Division (IC 3-8-9)

INSTRUCTIONS: This statement must be filed with a candidate's: (1) declaration of candidacy for nomination at a primary or town party convention, (2) certificate of riomination by a Libertarian Party convention; (3) petition of nomination as a school board candidate; (4) petition of nomination as a minor party or independent candidate; (5) declaration of intent to be a write-in candidate; or (6) certificate of candidate selection to fill an early or late vacancy on a general or municipal election ballot. This statement has been expected in incomplete the petition of nomination of an office in a county that has a pegarate voter registration board from the circuit court clerk's office must file this statement with the petition of nomination after the petition has been certified by the voter registration board and when this presented to thing with the office described in IC 3-8-2-6.

| STATE OF INDIANA HOWARD   |
|---|
| INFORMATION FOR THE CALENDAR YEAR BEFORE THE DATE OF THIS FILING:   |
| 20 <u>22</u><br>NOTE: Insert "Not Applicable" where appropriate.  |
| I, the undersigned, certify the following:  Name of Candidate or Person Filling Vacant Office   |
| (1) The elected office which I seek as a candidate, or to which I have been appointed to fill a vacancy is  Town of Russiavill - Clerk Treasurer  (2) The name of my spouse was Patrick 5. Reel |
| (3) The name of my employer and the nature of its business was  Town of Russiaville (Municipality)  |
| (4) The name of the employer of my spouse and the nature of its business was (SChool)   |
| (5) If I owned a sole proprietorship, the name of the sole proprietorship and the nature of its business was  NOT applicable.   |
| (6) If I operated a professional practice, the name of the professional practice and the nature of its business was   |
| (7) If I was a member of a partnership, the name of the partnership and the nature of its business was  |
| (8) If my spouse was a member of a partnership, the name of the partnership and the nature of its business was  |
| (9) If I was a member of a limited liability company, the name of the limited liability company and the nature of its business was  |
| (10) If my spouse was a member of a limited liability company, the name of the limited liability company and the nature of its business was   |
| (11) If I was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business wasNO+ Opplicable                                     |
| (12) If my spouse was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business was   |
| COMPLETE THE AFFIRMATION ON REVERSE SIDE OF THIS FORM.  |

| and the second of the second o |                              |     |     |      |
|--|------------------------------|-----|-----|------|
| I, the undersigned, affirm that the information set forth on this Stateme  |                              |     |     |      |
| Signed, this the 29-day of March   | _, <sub>20</sub> <i>23</i> . |     |     |      |
| Megan m. Reel  |                              |     |     |      |
| Signature  |                              |     | }   |      |
| Megan M. Reel  |                              |     |     |      |
| Printed Name   |                              |     |     |      |
|  |                              |     |     |      |
| STATE OF)  |                              |     |     |      |
| COUNTY OF)   |                              | •   |     |      |
| Subscribed and affirmed to before me this 20 day of  | march                        | , 2 | 023 |      |
| Delelie Steurr   | <i></i>                      |     |     | SEAL |
| Notary Public or Other Official Administering Oath   |                              |     |     |      |
| My Commission expires (applies only to Notary Public): \(\lambda\)   | <u>-31-20</u>                | 26  |     |      |
| County of Residence:   |                              |     |     |      |